2009 INSTRUCTIONS FOR MEDICAL REPORT

To be completed for all tax plans for calendar year 2009.

Line 1-3	Payments made to physicians, nurses, attendants, hospitals, etc. and other outside services <u>not</u> included in the 'HOSPITAL REPORT," if applicable, and <u>not</u> assigned to a specific claim.				
Line 4	Portion of line 11 "HOSPITAL REPORT," if applicable.				
Line 5	Remuneration, including fringe benefits of physicians, nurses and attendants employed by the self-insured.				
Line 6	First aid equipment and supplies provided by the self-insured.				

TOTAL MEDICAL COSTS FOR INDUSTRIAL INJURIES

Line 7	Total com	pensation	payments	to	claimants.

Line 8 Reinsurance premiums paid for worker's compensation.

Total costs of worker's compensation and occupational disease.

<u>NOTE</u>: This report is a <u>required</u> information report on all claims paid for the calendar year, regardless of date of injury. Self-insurers will not be taxed on the amounts entered on this form.

Report <u>all</u> payments made in 2009, for <u>ALL DATES OF INJURY</u>, from the time Self-Insurance authority was granted by the Commission.